

Please type a plus sign (+) inside this box → ☐ +

PTO/SB/121 (11-96)  
Approved for use through 6/30/99. OMB 0551-0035  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Address to:</b>  <b>Assistant Commissioner for Patents Box CN Washington, DC 20231</b>
---	---

Please recognize the following address as the correspondence address:

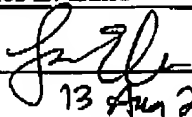
☒ Customer Number  →  
OR Type Customer Number here

Place Customer Number  
Bar Code Label here

☐ Request for Customer Number (PTO/SB/125) submitted herewith.

in the following listed application(s) or patent(s):

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/699,897		10/27/2000

Typed or Printed Name	James E. Lake	<b>(check one)</b> <input type="checkbox"/> Applicant or Patentee <input type="checkbox"/> Assignee of record of the entire Interest. Certificate under 37 CFR 3.73(b) is enclosed. <input checked="" type="checkbox"/> Attorney or agent of record 44,854 (Reg. No.)
Signature		
Date	13 Aug 2001	
Address of signor: 601 West First Avenue, Suite 1300, Spokane, WA 99201		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CN, Washington, DC 20231.